EXHIBIT 34

DECLARATION OF BEKH BRADLEY-DAVINO, PH.D.

1. My name is Bekh Bradley-Davino, Ph.D. I am a licensed clinical psychologist in the state of Georgia. I am an Assistant Professor in the Department of Psychiatry and Behavior Science at Emory University. I graduated with a doctorate in Clinical-Community Psychology from the University of South Carolina and completed an internship in Clinical Psychology at Cambridge Hospital which is affiliated with Harvard Medical School. My curriculum vita is attached. I am over twenty one (21) years of age, have never been convicted of a felony or other crime involving moral turpitude, and I do not suffer from any mental or physical disability that would render me incompetent to make this Declaration. I am able to swear, as I hereby do swear, that pursuant to 28 USC § 1746, the facts stated in this Declaration are true, correct, and based on my personal knowledge.

1a. **Referral Question**: I was contacted by attorneys for Mr. Murphy and asked to review the below (see 2) listed materials. Specifically, Mr. Murphy's attorneys requested that I review these materials with respect to his history of exposure to potential traumatic events during childhood and adolescence.

2. **Materials Reviewed**: I have reviewed the following materials provided to me by Mr. Murphy's defense team:

- Dr. Mark Vigen, notes
- Patrick Henry Murphy Senior – Trial Testimony (48 R.R. 99-125)
- Linda Goodman – Trial Testimony (47 R.R. 68-117).

3. Based on my review of the above indicated records, Mr. Murphy suffered repeated sexual and physical abuse along with physical and emotional neglect. Further, the reviewed data indicate that from a young age, he displayed behaviors and problems that are often associated with Post Traumatic Stress Disorder (PTSD), trauma, and abuse. Mr. Murphy's history indicates that an in-person comprehensive psychological assessment taking into account PTSD is warranted.

4. Based on my review of the above indicated records, it is appears that over the course of Mr. Murphy's childhood he experienced repeated sexual abuse. Based on my review of the records, this sexual abuse appears to have included multiple events that occurred beginning in early childhood. These are: 1) sexual abuse by Ray Skinner when Mr. Murphy was approximately 4 years old, 2) sexual abuse by step siblings when Mr. Murphy was approximately 6 years old, 3) sexual abuse of Mr. Murphy by his mother that occurred when he was approximately 9 years old and living with her in California away from extended family (specifically, the notes of Dr. Vigen indicate that this abuse included fondling, having oral sex performed on him and performing oral sex on his mother and an attempt by his mother to have intercourse with him), 4) sexual abuse by his paternal uncle, Arthur Singleton, that began at the age of 10 and continued intermittently until he was 14 years old. According to Dr. Vigen's notes, this abuse included oral sex performed on the subject and "penetration." According to the notes of Dr. Vigen, when Mr. Murphy was 14 years old he resisted his uncle's attempts to molest him, but "his uncle forced him to have sex anyway" and Mr. Murphy "came back while his uncle was asleep, put a knife to his throat and told him he would kill him if he ever touched him again." While his father's testimony does not directly report this abuse by his paternal uncles, it does indicate that Patrick did spend time with his paternal uncles and that at least one of them was at some point incarcerated for child molestation.

5. Based on the reviewed records, in addition to the above sexual abuse that occurred primarily during Mr. Murphy's early childhood, it also appears that Mr. Murphy was involved in a sexual relationship with a much older adult male, Don Ballinger. In addition to being older than Mr. Murphy, it appears based on the reviewed materials that Mr. Ballinger was a leader of a program for youth, House of Abel, with which Mr. Murphy was involved. This would have meant that he had increased ability to manipulate/psychologically coerce Mr. Murphy who was still an adolescent and looking to the adults around him for guidance and support.

6. The reviewed records indicate that Mr. Murphy experienced physical abuse during his early childhood. This includes physical abuse by his mother and physical abuse by his stepfather that included being hit and kicked by him. He also appears to have experienced physical abuse by older step siblings when he was approximately 6 years old. According to the notes of Dr. Vigen as part of this abuse he was "naked" and "tied up" and "put in a closet."

7. Based on the reviewed records, it also appears that from his early childhood until he was 9 years old Mr. Murphy experienced physical and emotional neglect. For example, the testimony of his maternal aunt indicates that starting at a very young age Mr. Murphy was left for extended periods of time in her care and in the care of his maternal grandparents. This does not appear to have occurred in a careful or planned manner but appears to have occurred in the context of his mother using and abusing substances including alcohol and tranquilizers and also his mother's involvement in relationships with multiple romantic/ sexual partners. In addition, based on the reviewed records, it appears that his mother would remain involved a significant period of time with a male romantic/sexual partner despite her having knowledge that he had a conviction for child "molestation." Further, based on the reviewed records it appears that at least at times when he was in the care of his mother, Mr. Murphy was physically neglected with respect to not having adequate clothing or basic attention to his hygiene. According to the testimony of Mr. Murphy's father, Patrick Murphy Sr., after Mr. Murphy ran away from home when he was 9 years old, he (Patrick Murphy Sr.) found his son "in a school bus." He testified that at the time that he found his son, "he was dirty, filthy, had ring worms, sores all over him." He also reports that when his son came to live with him at this time, he and his wife had to teach Patrick Murphy Jr. how to bathe and brush his teeth.

8. Based on a review of the above records, it appears that when he was five years old, Mr. Murphy witnessed violence committed against his mother. Specifically, review of the above listed records indicates that when he was 5 years old he witnessed his mother being "raped" by a man that she did not know.

9. In addition to the above experiences of exposure to abuse, neglect and witnessing violence against his mother, the reviewed records indicate that Mr. Murphy was raised during his early childhood by a mother who was addicted to multiple substances including alcohol and "tranquilizers" (e.g., Valium).

10. In addition to the above experiences of exposure to abuse, neglect and witnessing violence against his mother, the reviewed records indicate that at a young age (approximately 8 or 9 years old), Mr. Murphy was placed in a juvenile correctional facility. It has been noted that juvenile justice institutions are often violent and dangerous environments for children. The reviewed records indicate that this may have been the case for Mr. Murphy. Specifically, these records indicate that while in the correctional facility at a very young age he frequently found himself in fights with other boys, including older/bigger boys.

11. PTSD is a psychiatric diagnosis that is associated with exposure to childhood sexual abuse, childhood physical abuse and witnessing violence against others. Specifically, studies of children and adolescents who experienced these types of abuse indicate that those children and adolescents are significantly more likely to develop symptoms of PTSD than children/adolescents who do not experience these types of abuse. Further, even if they did not develop PTSD at the time of first exposure to trauma (e.g., sexual abuse in early childhood), exposure to trauma such as sexual and physical abuse that occurs in early childhood increases the risk for later development of PTSD following additional exposure to traumatic events (e.g., sexual abuse occurring later in childhood). The reviewed records do not indicate that Mr. Murphy was systemically evaluated for the presence of PTSD symptoms (either with respect to PTSD symptoms that may have been present in childhood/ adolescence or PTSD symptoms that may have been present as an adult).

12. Based on the reviewed data it is impossible to determine if Mr. Murphy has ever met the criteria for PTSD. However, the data do provide information suggesting that Mr. Murphy, beginning at an early age, displayed behaviors/problems that are associated with both PTSD and more generally with exposure to trauma and abuse in childhood.

13. The development of PTSD requires exposure to a traumatic/stressful event, often involving threat to the life or physical integrity of oneself or of others. Review of the available records indicate that this was clearly the

case with Mr. Murphy, who appears to have experienced repeated sexual abuse as well as physical abuse and witnessing violence against others.

14. One symptom of PTSD in children is a tendency to attempt to avoid reminders of traumatic events. Although the reviewed records do not indicate a specific assessment of PTSD symptoms that may have been present during Mr. Murphy's childhood or adolescence, the records do indicate some behaviors that might be reflective of PTSD avoidance symptoms. These behaviors are particularly notable because they appear to have developed following exposure to specific incidents of physical/sexual abuse. Specifically, according to the notes of Dr. Vigen, when Mr. Murphy was approximately 6 years old he was tied up while naked and placed in a closet; "after that would not wear watch again." Also based the reviewed materials, when Mr. Murphy was approximately 9 years old and lived in California, he experienced sexual abuse by his mother. Based on the trial testimony of Mr. Murphy's maternal aunt, it appears that after he returned he made explicit and repeated efforts to avoid bathing. According to her testimony she was concerned enough about him at this time that she attempted to get some psychological counseling for him. Per her testimony, Mr. Murphy's mother refused to allow him to attend counseling.

15. Symptoms of PTSD develop following exposure to traumatic events (e.g., once the trauma is over). However, when children are traumatized at the hands of caregivers who are still raising the children, the caregivers themselves as well as the home environment represent both threats and reminders of trauma in these children. For this reason, Mr. Murphy's running away from home at a very young age (age 9) should be assessed with consideration of his history of exposure to trauma in the home environment and at the hands of his mother. It is also notable that this incident where he ran away from home first occurred after his return from California (reviewed records indicate that he experienced sexual abuse by his mother when he lived in California).

16. PTSD in children and adolescents may also present itself in the form of externalizing or "acting out" behaviors including impulsivity and irritability/anger. This might include physical aggression. Reviewed records indicate that Mr. Murphy was aggressive (e.g., involved in fights) in childhood/adolescence.

17. A history of childhood sexual abuse and as well childhood physical abuse and neglect are related to a significantly higher level of risk for excessive use of alcohol and illegal drugs, including substance abuse and dependence. The reviewed records indicate that Mr. Murphy reports use of alcohol beginning in childhood/early adolescence, marijuana use beginning in early adolescence and cocaine use beginning in late adolescence. He continued his drug and alcohol use throughout adolescence and adulthood. In addition, PTSD symptoms and alcohol and substance abuse-related problems have high rates of co-occurrence. Alcohol and drugs are often used to avoid thoughts, memories and awareness of traumatic and painful life events and to self medicate the symptoms of PTSD and other trauma related disorders.

18. As noted above, Mr. Murphy was placed in a juvenile correctional facility at a young age. Exposure to the danger and violence in such environments can lead to an increased level of symptoms that are similar to PTSD. To the extent that Mr. Murphy was experiencing symptom of PSTD, being placed in a juvenile correctional facility may have exacerbated such symptoms. For example, one such response would be the development of hyper-vigilance to potential threats as well as increased distrust and suspicion of others. A possible response to managing this environment of threat is the establishment of an aggressive stance towards others and related aggressive behaviors. This is consistent with the behavior and report of Mr. Murphy. Of note, research suggests that younger age is associated with developing a self-protective aggressive stance in correctional environments.

19. In addition to the above noted trauma exposure and behaviors/problems potentially associated with trauma exposure, another notable issue that is apparent based on review of the available records is that Mr. Murphy began engaging in inappropriate sexual behavior with other children at a young age. This includes sexual abuse of his step sister and ultimately being convicted and incarcerated for a sexual assault.

20. Sexual abuse experienced in childhood and early adolescence, such as that reflected in the reviewed records related to Mr. Murphy, may impact bio-psycho-social development in a manner that increases risk for both earlier onset of sexual behavior with peers and also for sexual offending in adolescence or adulthood.

21. When children and adolescents are exposed to sexual abuse (particularly when this occurs in combination with other types of abuse/neglect), they often develop patterns of thinking, behaving and feeling (coping strategies) and patterns in interpersonal relationships in response. These patterns may develop into later psychological and behavioral difficulties and problems. For example, "social learning theory" suggests that children learn behaviors by observing adults (and other children) in their environment. Based on this theory, children who are sexually abused learn from observation of the behavior of the adults who abuse them.

22. It is important to note there are many men who were sexually abused as boys and do not develop problematic sexual behaviors in childhood/adolescence, nor do all of these men who were sexually abused as boys become sexual offenders in adolescence or adulthood. While the reasons for variations in this response to sexual abuse are not fully known, there are a number of known factors that contribute to sexual abuse being risk factors for later development of problematic sexual behaviors/sexual offending. A number of the factors that increase such risk are present in the case of Mr. Murphy. These risk factors include: 1) abuse which began at an early age, 2) abuse that occurred at the hands of parental figures/family members including two father figures, his mother and a paternal uncle, 3) repeated abuse that occurs with multiple perpetrators, 4) sexual abuse that occurs in the context of other types of abuse and neglect, 5) abuse that occurs in an otherwise chaotic childhood environment.

23. As noted above, during his early childhood Mr. Murphy experienced repeated, severe sexual abuse, physical abuse, and ongoing and severe emotional and physical neglect. He also witnessed violence towards his mother as a young age. Complex trauma refers to exposure to multiple, repeated and prolonged traumatic events. In particular, complex trauma is thought to be problematic when this trauma exposure occurs beginning in early childhood. Childhood abuse and neglect as well as witnessing violence in the household are common in cases of complex trauma exposure. The childhood trauma/abuse history presented in the reviewed records represents prototypical examples of complex trauma exposure. In addition to PTSD symptoms, exposure to this type of "complex trauma" often manifests in impairments across multiple emotional/behavioral domains.

24. Repeated exposure to these types of traumatic events in childhood is related to increased risk for these problems in multiple domains in part because it disrupts key biological and psychological developmental processes. These include cognitive (thought) and emotional (feeling) and behavioral capacities. The ability to use reason and logical thinking to override emotional responses is developed over the course of childhood and adolescence and even into early adulthood. Among the capacities often disrupted by exposure to abuse and traumatic and adverse life events during childhood and adolescent development is the ability to regulate impulses, the ability to effectively learn from experiences and engage in effective and adaptive behavior based on this learning, and the ability to regulate emotional reactions and responses. Problems in developing the key capacities are often associated with increased risk for development of psychiatric disorders (e.g., substance abuse, PTSD, and depression). Such problems are also associated with increased risk for delinquent/criminal behavior in adolescence/adulthood. This type of response to complex trauma, which includes problems across multiple behavioral and emotional domains, reflects a constellation of symptoms that has a foundation in psychiatric research and which are referred to as "Developmental Trauma Disorder", "Disorders of Extreme Stress Not Otherwise Specified" and "Complex PTSD".

25. The above described emotional and behavioral problems may have reflected symptoms of PTSD or "Developmental Trauma Disorder"/ "Complex PTSD." At the very least they are symptoms common among children/adolescents who have been traumatized or abused. The reviewed records are inadequate to determine if any of the above noted behaviors may have been reflective of or associated with PTSD symptoms. However, the data from the reviewed records does clearly indicate that an assessment taking into account PTSD is indicated. In order for a more complete assessment of Mr. Murphy with respect to of trauma-related/PTSD/complex PTSD symptoms, an in-person comprehensive psychological assessment is necessary. Such an assessment would also include a more comprehensive psychosocial history as well as use of collateral sources of data (e.g., interview with family members) that address both trauma history and potentially associated emotional/behavioral patterns.

26. Not all children and adolescents who experience abuse and trauma develop later problems. While the reasons for variations in reaction to trauma exposure are not fully understood, a number of factors that contribute to the risk for later problems have been identified. The reviewed records indicate that during his

childhood Mr. Murphy was exposed to a number of these risk factors, increasing his overall risk/vulnerability in the face of exposure to child abuse and other adverse and traumatic experiences over the course of his childhood and adolescence. These include: 1) exposure to repeated and severe sexual abuse, 2) exposure to multiple types of abuse and neglect, 3) exposure that began in early childhood, 4) abuse that occurred at the hands of his caregivers, 5) being raised (particularly in early childhood) in a chaotic and unstable environment marked by multiple moves and unpredictable caregiving, and 6) having family members with substance abuse and other mental health problems.

27. In 2003, the above points were well known to mental health professionals and well documented in available social and behavioral literature including (but not limited to) the below:

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Tyler, K. (2002). "Social and emotional outcomes of childhood sexual abuse:: A review of recent research." Aggression and Violent Behavior **7**(6): 567-589.

Van der Kolk, B. (2002). "Assessment and treatment of complex PTSD." Treating trauma survivors with PTSD: 127-156.

Widom, C. (1989). "Child abuse, neglect, and adult behavior." American Journal of Orthopsychiatry **59**(3): 355-367.

Widom, C. (1989). "The cycle of violence." Science **244**(4901): 160.

Widom, C. and N. I. o. Justice (1995). Victims of childhood sexual abuse-later criminal consequences, US Department of Justice-National Institute of Justice.

06-27-10

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Date

CURRICULUM VITAE

BEKH BRADLEY, Ph.D.
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EDUCATION

University of South Carolina, Columbia, South Carolina
Ph.D. in Clinical-Community Psychology, August 2000.
Graduate Certificate in Women's Studies, August 2000.

Cambridge Hospital/Harvard Medical School
Intern, APA accredited Clinical Psychology Internship
July 1999-July 2000

Wesleyan University, Middletown, Connecticut
M.A. in General Psychology with focus on Gender Studies, May 1994
B.A. in Psychology, May 1993

PROFESSIONAL POSTIONS

Assistant Professor, Department of Psychiatry and Behavioral Sciences, Emory University
August 2002-present

Co-Director Grady Trauma Project and Grady Trauma Clinic
August 2004-present

Assistant Professor, Department of Psychology, Southern Illinois University
August 2000-July 2002

Intern, APA Clinical Psychology Internship, Cambridge Hospital/Harvard Medical School
July 1999-July 2000

Associate Director, Psychological Services Center, University of South Carolina
July 1997-May 1999

OTHER EXPERIENCE AND PROFESSIONAL MEMBERSHIPS

2000- Member, American Psychological Association (APA)
2000- Member, International Society for Traumatic Stress Studies (ISTSS)
2008- Member of ISTSS Public Policy Committee
2000- Member Society for the Exploration of Psychotherapy Integration (SEPI)
2005- Member Association of VA Psychologists Leaders (AVAPL)

HONORS

2010	American Association of Suicidology Annual Conference, American Foundation on Suicide Prevention (AFSP) Pfizer Awardee
1999	Outstanding Graduate Student Award for overall excellence in graduate study, University of South Carolina Graduate School, Columbia, SC
1996	Outstanding Graduate Teaching Award for excellence in undergraduate instruction, University of South Carolina Graduate School, Columbia, SC
1994	Phi Beta Kappa

PUBLICATIONS

Binder, Owens, Liu, Deveau, Rush, Trivedi, Fava, **Bradley**, Ressler & Nemeroff (in press) Association of polymorphisms in genes regulating the CRF system with antidepressant treatment response in the STAR*D sample. *Archives of General* Psychiatry (doi:10.1001/archgenpsychiatry.2009.201, PMID: 20124106).

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Bradley & Davis (1998). Social responsibility and the production of knowledge about interpersonal violence. In R. Klein (Ed.), *Multidisciplinary perspectives on family violence* (pp. 204-211). London: Routledge.

SELECTED PRESENTATIONS TO PROFESSIONAL/SCIENTIFIC GROUPS

Norrholm, Leimbach, Crowe, Skelton, Jovanovic, Ressler, **Bradley,** & Duncan (2009). Conditioned Fear Acquisition, Discrimination, and Extinction in Combat Veterans from Operation Iraqi Freedom (OIF) with Posttraumatic Stress Disorder (PTSD). *Society for Biological Psychiatry, 64th Annual Scientific Convention and Program.* Vancouver, BC.

Bradley & Ressler (2009).Genes encoding key regulators of hypothalamic-pituitary-adrenal axis function: Interactions with exposure to childhood trauma, and adult outcomes. *International Society of Traumatic Stress Studies, 25th Annual Meeting*, Atlanta, GA.

Bradley, Jovanovic, Gapen, Ortigo, Weiss & Smith (2009). Trauma exposure and stress response in mothers and their 6-12 year old children. *International Society of Traumatic Stress Studies*, 25th Annual Meeting, Atlanta, GA.

Fani, **Bradley,** Ressler & McClure-Tone (2009). Attention bias and PTSD: A case for ecologically salient stimuli. *International Society of Traumatic Stress Studies, 25th Annual Meeting*, Atlanta, GA.

Binder, **Bradley,** Mercer, Deveau, & Ressler (2009). Gene expression profiles in an impoverished, highly traumatized civilian population in Atlanta. *International Society of Traumatic Stress Studies, 25th Annual Meeting*, Atlanta, GA.

Jovanovic, Norrholm, Blanding, Graham, Davis, Duncan, **Bradley** & Ressler, (2009). Fear conditioning biomarkers of PTSD symptoms in a traumatized civilian population. *International Society of Traumatic Stress Studies, 25th Annual Meeting*, Atlanta, GA.

Norrholm, Jovanovic, Leimbach, **Bradley** & Duncan (2009). Fear extinction in veterans from Operation Iraqi Freedom (OIF) with posttraumatic stress disorder. *International Society of Traumatic Stress Studies, 25th Annual Meeting*, Atlanta, GA.

Ressler, Norrholm, Jovanovic, Blanding, Binder, **Bradley**, Duncan. (2008) Conditioned Fear Inhibition and Civilian Trauma: Effects of Corticotropin-releasing Hormone Type 1 Receptor (CRHR1) Gene Polymorphisms; *American College of Neuropsychopharmacology; Pheonix, Arizona*

Kinkead, Wang, Duncan, Mercer, Cubells, Ressler, **Bradley,** Nemeroff, Binder. (2008) Functional promoter variant in the neurotensin gene is associated with increased cocaine use in African American subjects. *American College of Neuropsychopharmacology; Pheonix, Arizona*

Weiss, Gillespie, Jones, Schwartz, Woodworth, Umpierrez, **Bradley,** Cubells & Ressler (2008). Abnormal Lipid Metabolism in Patients with PTSD Identified in a General Medical Clinic. *Society for Biological Psychiatry Meeting*, Washington, DC.

Gillespie, **Bradley**, Wei Liu, Epstein, Deveau, Tang, Heim, Nemeroff, Schwartz, Cubells, Ressler, Binder (2008). Risk for adult posttraumatic stress disorder is predicted by child abuse and *FKBP5*, a gene regulating stress-responsiveness. *Society for Biological Psychiatry Meeting*, Washington, DC

Fani, **Bradley** & McClure Tone (2008). Attention bias in adult survivors of childhood maltreatment. *Poster presentation at the Association for Psychological Science*, Chicago, IL.

Weiss, Avasthi, Schwartz , Gillespie, Phifer, **Bradley** & Ressler. (2008) The Impact of Trauma Exposure, Psychiatric Diagnosis, and Resilience on HPA Axis Function. *International Society of Traumatic Stress Studies,* Chicago, IL.

Ortigo, Guarnaccia, Ortigo, Ressler, **Bradley** (2008) Posttraumatic Stress Disorder and Parenting: Examining a Mechanism of Trans-generational Risk. *International Society of Traumatic Stress Studies,* Chicago, IL.

Thomas, Weiss, Avasthi, **Bradley**, Gillespie, Jones, & Ressler (2008) Relationship between Childhood Sexual Abuse and Adult BMI in an African American Sample. *International Society of Traumatic Stress Studies,* Chicago, IL.

Russ, Gapen, Castleberry, Crain, , Ressler, Graham & **Bradley** (2008) Impulsivity and PTSD in a Low-Income, Urban Community Sample. *International Society of Traumatic Stress Studies*, Chicago, IL.

Ortigo, Castleberry, Guarnaccia, Ressler & **Bradley** (2008). Attachment, Personality, and Posttraumatic Stress Symptoms in a Traumatized Urban Population. *International Society of Traumatic Stress Studies,* Chicago, IL.

Bradley, Binder, Epstein, Tang, Nair, Gillespie, Berg, Evces, Nemeroff, Schwartz, Cubells &Ressler, (2007). CRHR1 Haplotypes Moderate Effects of Early Life Stress (ELS) on Adult Depression. *Society of Biological Psychiatry*, San Diego, CA.

Guarnaccia, Crain, Castleberry, Powers, Pierre, Ortigo, Haggard, Ressler & **Bradley** (2007). Effects of Childhood Physical, Sexual and Emotional Abuse on the Development of Post Traumatic Stress Disorder. *International Society of Traumatic Stress Studies*, Baltimore, MD.

Blanding, Norrholm, Powers, Hershenberg, Schwartz, **Bradley,** Duncan, & Ressler (2007). Evaluation of Baseline and Fear Conditioned Acoustic Startle Reflex, Heartrate, and Galvanic skin Response in an Inner-City Traumatized Population. *International Society of Traumatic Stress Studies*, Baltimore, MD.

Gapen, Ortigo, Ortigo, Johnson, Graham, Evces, Ressler & **Bradley** (2007). The Contribution of Community and Neighborhood Disorder to PTSD. *International Society of Traumatic Stress Studies,* Baltimore, MD.

Evces, Castleberry, Graham, Ressler & **Bradley** (2007.) Posttraumatic Stress Symptoms as a Mediator Between Child Abuse and Violent Behavior. *International Society of Traumatic Stress Studies,* Baltimore, MD.

Bradley & Davino (2007). Using DBT Concepts in the Treatment of Complex PTSD. *Georgia Psychological Association*, Atlanta, GA.

Bradley & Westen (2006). **Empirically** Supported Complexity An Evaluation of EST Research. *American Psychological Association*, New Orleans, LA.

TEACHING EXPERIENCE

Instructor/Professor –Undergraduate Courses

Personality Psychology, University of South Carolina; Southern Illinois University
Abnormal Psychology, University of South Carolina
Introduction to Women's Studies: A Social Science Perspective, University of South Carolina
Community Based Intervention and Prevention, Emory University

Instructor/Professor – Graduate Courses

Adult Psychotherapy Practice, Southern Illinois University
Theories of Counseling and Psychotherapy, Southern Illinois University
Psychopathology, Emory University
Supervision and Instruction of Psychiatry Residents, Psychology Interns, Psychology Graduate Students and Post Doctoral Fellows, Emory University and Atlanta VAMC